

Conservation  
Assessment  
Program

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# Site Questionnaire

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cap

helping  
museums  
care for  
collections

since 1990

# Heritage Preservation

*The National Institute for Conservation*

Heritage Preservation is a national non-profit organization dedicated to preserving the cultural heritage of the United States. By identifying risks, developing innovative programs, and providing broad public access to expert advice, Heritage Preservation assists museums, libraries, archives, historic preservation and other organizations, as well as individuals, in caring for our endangered heritage.

**For more information call or write:**

Heritage Preservation  
1012 14th Street, NW  
Suite 1200  
Washington, DC 20005  
202-233-0800  
(f) 202-233-0807  
[www.heritagepreservation.org](http://www.heritagepreservation.org)

Heritage Preservation's Conservation Assessment Program (CAP) provides general assessments for small to mid-sized museums. The CAP Advisory Committee oversees the program and is made up of conservators, historic structures assessors, and past CAP participants. The Advisory Committee provides guidance on the management and improvement of the program.



CAP is supported through a cooperative agreement with the Institute of Museum and Library Services (IMLS). IMLS is the primary source of federal support for the nation's 123,000 libraries and 17,500 museums. IMLS' mission is to create strong libraries and museums that connect people to information and ideas. IMLS works at the national level and with state and local organizations to sustain heritage, culture, and knowledge; enhance learning and innovation; and support professional development. To learn more about IMLS, visit [www.imls.gov](http://www.imls.gov).

Heritage Preservation also receives funding from the National Park Service, Department of the Interior. The content and opinions contained in this publication do not necessarily reflect the views or policies of the Department of the Interior or the Institute of Museum and Library Services.

## Site Questionnaire Information

### What is the Site Questionnaire?

This questionnaire will provide your selected assessor(s) with information about your museum and its collections and facilities prior to the site visit. While some of the questions duplicate questions from the application, please answer all questions and complete the questionnaire as thoroughly as possible. Open, honest answers to the questions will help make your assessment useful to your museum. Heritage Preservation will forward this information to your chosen CAP assessor(s).

*The estimated time to complete the questionnaire is 1.5 to 2 hours.*

Please enter the time it took you to complete this questionnaire \_\_\_\_\_

### Follow these steps to complete the questionnaire:

1. Read the entire form before filling it out.
2. Neatly print your responses.
3. For questions with multiple responses, check all applicable items.
4. For questions that do not apply to your museum, indicate “n/a” (not applicable).
5. **Complete the Structures Section (pages 14-20) for each structure in which collections are located.**

**Include all structures with collections storage and exhibition areas.**

6. If applicable, fill out supplements for arboretums, zoos, and ReCAP.
7. **Attach the following:**
  - museum brochure and site map if site has multiple buildings (provide one copy for each assessor)**
  - mission statement (if not included on page 2)**
  - staff list (if not included on page 3)**

Please keep one copy of the Site Questionnaire for your records and return copies (two if you have one assessor, three if you have two assessors) to:

Heritage Preservation  
attn: CAP  
1012 14th Street, NW  
Suite 1200  
Washington, DC 20005

If you have any questions or need assistance as you complete this form, contact the CAP staff Monday through Friday, 9 a.m. to 5 p.m. (Eastern time), at 202-233-0800 or [cap@heritagepreservation.org](mailto:cap@heritagepreservation.org).

*Heritage Preservation's Conservation Assessment Program is supported through a cooperative agreement with the Institute of Museum and Library Services.*

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## General Information

**Organization** \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Web address \_\_\_\_\_

Location address (*if different from mailing address*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Project Contact**     Mr.     Ms.     Dr.

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

If seasonal organization, provide an off-season number \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing address (*if different from organization address*) \_\_\_\_\_

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### Collections Assessor

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Historic Structure Assessor/Living Collections Assessor (if applicable)

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Governing Control

state     county     municipal     private non-profit     tribal government     other \_\_\_\_\_

Is the applicant organization university controlled?     yes     no

If a board governs your organization, how many members are on the board? \_\_\_\_\_

What is their term of service? \_\_\_\_\_

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**Type of Organization** (*Check one.*)

- |   |  |
|---|--|
| <input type="checkbox"/> aquarium                 | <input type="checkbox"/> natural history museum                  |
| <input type="checkbox"/> arboretum/botanic garden | <input type="checkbox"/> nature center                           |
| <input type="checkbox"/> art museum               | <input type="checkbox"/> planetarium                             |
| <input type="checkbox"/> children's/youth museum  | <input type="checkbox"/> science/technology museum               |
| <input type="checkbox"/> historic house/site      | <input type="checkbox"/> specialized museum** ( <i>specify</i> ) |
| <input type="checkbox"/> history museum           | _____  |
| <input type="checkbox"/> general museum*          | <input type="checkbox"/> zoo                                     |

\* *A museum with collections representing two or more disciplines equally (e.g., art and history).*

\*\* *A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).*

**Annual Operating Budget for Most Recently Completed Fiscal Year**

FY \_\_\_\_\_ \$ \_\_\_\_\_

Are funds regularly expended on the preservation of collections?  yes  no  don't know

If yes, approximately how much is expended annually on the preservation of collections?  
(*Include costs for supplies, equipment, surveys, treatment, preservation reformatting, commercial binding, consultants/contractors, etc.*) \$ \_\_\_\_\_

If yes, are preservation funds for collections a regular line item in the museum budget?  
 yes  no  don't know

Are funds regularly expended on the preservation of the building(s)?  yes  no  don't know

If yes, approximately how much is expended annually on the preservation of the building(s)?  
\$ \_\_\_\_\_

If yes, are these funds a regular line item of the museum budget?  yes  no  don't know

Year the museum was first open and exhibiting to the public \_\_\_\_\_

Museum's open hours \_\_\_\_\_

**Mission statement**

Include the museum's mission statement or description of museum's purpose below with the **date of approval** by the Board of Directors. If you need more space, you may attach an extra page.

**Goals and Previous Assessments**

What goals does the museum have for this survey? *(Check all that apply, and elaborate if there are areas of special concern.)*

- |  |   |
|--|---|
| <input type="checkbox"/> develop a long-range preservation plan for collections        | <input type="checkbox"/> improve collections care                 |
| <input type="checkbox"/> increase staff awareness of collections preservation concerns | <input type="checkbox"/> improve environmental conditions         |
| <input type="checkbox"/> increase institutional commitment to collections              | <input type="checkbox"/> improve the preservation of the building |
| <input type="checkbox"/> use as a tool to obtain funding for collections care          | <input type="checkbox"/> other _____                              |

Comments/special concerns \_\_\_\_\_

On a scale of 1 to 10 (1 = low, 10 = high), rate collections care as a priority of your institution \_\_\_\_\_

If your museum has received the following, indicate year(s):

**Institute of Museum and Library Services**

Conservation Assessment Program (CAP) \_\_\_\_\_

Conservation Project Support Grant (CPS) \_\_\_\_\_

Museum Assessment Program (MAP)  Collections \_\_\_\_\_  Governance \_\_\_\_\_

Institutional \_\_\_\_\_  Public Dimension \_\_\_\_\_

**National Endowment for Humanities**

Preservation Assistance Grant (PAG) \_\_\_\_\_

Other Programs in the Preservation and Access Division \_\_\_\_\_

**Staff**

Include both paid and non-paid (volunteer) staff below. *(Attach an extra page, if needed.)*

Name	Title	Works with Collections	Full Time	Part Time	Paid	Volunteer
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which person is primarily responsible for collections care and preservation?

\_\_\_\_\_

Does this person's job description reflect these activities?  yes  no

General Information

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Is there a conservator on staff?  yes  no

Who has responsibility for each of the following activities? (Give title of staff member or name of outside service.)

preparing collections for exhibit or loan	_____
preparing collections for research and storage	_____
cleaning and repairing collection material	_____
labeling/marketing objects	_____
packing and unpacking objects	_____
building maintenance	_____

Indicate whether formal orientation or training is provided for staff (paid and unpaid) in the following areas

collection preservation activities	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
handling objects	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
labeling/marketing objects	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
packing/unpacking techniques	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
building maintenance and repair	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
general housekeeping and cleaning	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know

Who provides the orientation/training? \_\_\_\_\_

### Buildings

How many buildings does the museum occupy? \_\_\_\_\_

How many contain collections? \_\_\_\_\_

Are they all on the same site?  yes  no

If no, where are the buildings located? \_\_\_\_\_

How many sites does the museum maintain? \_\_\_\_\_

Does the museum own the building(s) or site(s) in which its collections are housed?  yes  no

If no, explain \_\_\_\_\_

\_\_\_\_\_

## Collections and Collections Policies

What percentage of the museum's permanent collection is inventoried? \_\_\_\_\_%  
*(Inventory: Itemized listing of objects and their locations for which the museum has responsibility.)*

Date of the last inventory \_\_\_\_\_ How often are inventories conducted? \_\_\_\_\_

What percentage of the museum's permanent collection is cataloged? \_\_\_\_\_%  
*(Catalog: Collection divided into separate meaningful categories with entries that contain descriptive detail [including physical description, provenance, history, accession information, etc.] for each object.)*

What is the size and composition of the institution's collections? *(Check one box for each line.)*

Collection type	Number of Objects							
	None	1-20	21-100	101-500	501-1,000	1,001-5,000	5,001-10,000	10,000+
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms and armor/weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botany (live)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botany (herbaria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramics and glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film/sound recordings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture/wood artifacts/wood sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geology/mineralogy/paleontology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historic objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library/archival materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metalwork/metal sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintings (panel/canvas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographic materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science/technology/medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone artifacts and sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Textiles and costume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watercolors/drawings/prints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet collections/fluid preserved collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoology (live)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoology (other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What percentage of your holdings is owned by the museum? \_\_\_\_\_%

If less than 100%, who owns the collections? \_\_\_\_\_

Has the museum ever engaged a consultant to survey all or part of the collections?  yes  no

If yes, elaborate briefly \_\_\_\_\_

What part of the museum's permanent collection has been photographed? \_\_\_\_\_%

Are any collection materials used in hands-on, educational activities?  yes  no

If yes, what percentage? \_\_\_\_\_%

Does your museum have a written collections management policy?

yes  in development  no  don't know

If yes, who has responsibility for the following activities? (*Give title of staff member.*)

develops \_\_\_\_\_

implements \_\_\_\_\_

has authority to modify \_\_\_\_\_

Indicate if your museum routinely monitors the collections for

condition  security  other \_\_\_\_\_  n/a

Do you lend objects to other museums?  yes  no

Purpose of loans (*check all that apply*)

analysis  research  exhibition  other \_\_\_\_\_

What is the average duration of a loan? \_\_\_\_\_

Do you use a contract that specifies terms for the loan of your objects?  yes  no

Who determines whether it is safe for objects to travel? \_\_\_\_\_

Do you perform condition reports before and after the loan of objects?  yes  no

Do you borrow objects from other collections?  yes  no

Purpose of borrowing (*check all that apply*)

analysis  research  exhibition  other \_\_\_\_\_

Do you sign contracts that specify terms for borrowing from other museums?  yes  no

Do you perform condition reports when receiving borrowed objects?  yes  no

Do you perform condition reports prior to returning borrowed objects to their owner(s)?  yes  no

Does your museum have a long-range conservation/preservation plan for collections?  
 yes     no     plan under development     don't know

If yes, who has responsibility for the following activities? (*Give title of staff member.*)

develops \_\_\_\_\_

approves \_\_\_\_\_

implements long-range plans \_\_\_\_\_

Does the museum obtain conservation services on a contractual basis?  yes  no

In the last five years, how often has the museum obtained conservation services?  
 never     1-2 times     3-5 times     more than 5 times     don't know

In the typical year how often does the museum obtain conservation services?  
 never     1-2 times     3-5 times     more than 5 times     don't know

Indicate whether your museum has written or unwritten policies/guidelines on the following collections care issues. (*Check the appropriate box.*)

	Written policy	Unwritten policy	No policy
collecting plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
accession/deaccession procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
preservation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
security/theft procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
food and drink policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pest management policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
care and handling policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
restriction policies of fragile/vulnerable items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reproduction policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
maintenance procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
internal exhibition policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
loan policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
environmental standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
housekeeping plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
facility use plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other ( <i>specify</i> )			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When there are changes to the existing policies or procedures, are they documented?  yes  no

Are they distributed to all staff?  yes  no

**Exhibitions** (For information on light levels, see "Illumination" section, p.18)

What percentage of the collection is on exhibition? \_\_\_\_\_ %

Are there permanent exhibitions?  yes  no

Are objects rotated on and off exhibit?  yes  no

Are there temporary exhibitions?  yes  no

How often do the temporary exhibitions change? \_\_\_\_\_

Who has responsibility for the following activities? (Give title of staff member.)

planning exhibitions \_\_\_\_\_

designing exhibitions \_\_\_\_\_

choosing objects for exhibitions \_\_\_\_\_

monitoring collections on exhibit \_\_\_\_\_

exhibit and/or mount fabrication \_\_\_\_\_

Are collections materials displayed in areas other than the exhibition galleries (e.g., offices, entrance, outdoors, offsite, etc.)?  yes  no

If yes, where? \_\_\_\_\_

What percentage of objects on display in exhibitions are borrowed from other museums?

permanent exhibitions \_\_\_\_\_ %

temporary exhibitions \_\_\_\_\_ %

**Storage**

Is all collections storage in the same building?  yes  no

If not, list all buildings where storage is located \_\_\_\_\_

**(Remember to complete the Structures section (pages 14-20) for EACH building.)**

Do you have short-term temporary storage or preparation areas?  yes  no

The storage of objects is organized by

culture  size  material  taxonomic order  object type  not organized

other \_\_\_\_\_

Are all collections storage areas accessible for examination by the assessor?  yes  no

Who has access to storage areas? (Give title of staff member.) \_\_\_\_\_

Are access registers maintained?  yes  no

Are individuals who are not staff members (e.g., visiting scholars, curators from other museums) permitted to work in storage areas unaccompanied?  yes  no

Who has responsibility for the following activities? (*Give title of staff member.*)

choosing furniture, enclosures, materials  
and set up for storage \_\_\_\_\_

organizing collections storage \_\_\_\_\_

moving objects in and out of storage \_\_\_\_\_

checking for evidence of damage \_\_\_\_\_

monitoring security/access \_\_\_\_\_

conducting inventories \_\_\_\_\_

Are collections storage areas used for non-collections-related activities?

yes  no If yes, describe \_\_\_\_\_

Are collections storage areas used for the storage of items other than collection objects?

yes  no If yes, describe \_\_\_\_\_

**Emergency Preparedness**

What weather conditions or sources of natural disaster are associated with the geographical location of your museum? (*Check all that apply.*)

- flood       lightning strikes       earthquake       volcanic activity       mud slides       wind
- hurricane       range fires       tornado       heavy snow       other \_\_\_\_\_

What other potential sources of disasters are near your museum? (*Check all that apply.*)

- airport       military base       dam       industrial trucking route
- power plant       industrial plant       railroad line       major highway
- other \_\_\_\_\_

Have any objects been damaged by natural or other disasters in the past five years?

yes  no If yes, explain \_\_\_\_\_

Does the museum have a written emergency preparedness plan for the collections?

- yes       in development       no       don't know

If yes, how often is it revised, and by whom? \_\_\_\_\_

What types of emergencies does the plan address?

- earthquake       flood       heavy snow       hurricane       lightning strikes       ice
- mud slides       range fires       tornado       wind       volcanic activity       don't know
- other \_\_\_\_\_

Who has copies of the emergency plan?

- Executive Director    Curator    Collections Manager  
 Board President    All of the above    don't know

Are there copies of the plan located at various points in the building?

- yes    no    don't know

Does appropriate staff know where the copies of the plan are located?

- yes    no    don't know

Which local emergency preparedness coordinators have copies of the emergency plan?

- Local (municipal, county, tribal) Emergency Management Agency Director/Coordinator  
 Local Emergency Planner    Local Emergency Operations Center Manager    Fire Marshal  
 Fire Chief    Fire Department's Chief of Operations (trainer)    Police Chief  
 Coast Guard or National Guard Liaison    Mayor or Municipal Risk Manager or Safety Officer  
 Public Works Department    don't know

Have local emergency preparedness coordinators been consulted in the development of the emergency plan?

- yes    no    don't know

Have local emergency preparedness coordinators been informed about the special nature of the buildings and collections?

- yes    no    don't know

Does the museum have a written evacuation of collections plan?

- yes    in development    no    don't know

Who is responsible for collection emergency preparedness and collection salvage activities?

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Do insurance policies exist for the building?

- yes    in development    no    don't know

Do insurance policies exist for the collections?

- yes    in development    no    don't know

Indicate whether the museum has emergency preparedness drills for the following:

- |                             |                              |                             |                                     |
|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| collection response/salvage | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| earthquake                  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| fire                        | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| hazardous material spill    | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| flood                       | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| other _____                 | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
-

Do you maintain emergency supplies for protection or salvage of collections?  yes  no

Where are they kept? \_\_\_\_\_

Are they inventoried regularly? \_\_\_\_\_

Does the museum maintain off-site records/photographs of the collection?  yes  no

If yes, where? \_\_\_\_\_

Are the museum's records protected from fire, flooding, and other hazards?  yes  no

Does the museum have regularly scheduled inspections by the fire department?  yes  no

Does the museum have an automatic fire detection system?  yes  no

What type of fire suppression system does the museum have? (*Check all that apply.*)

wet pipe sprinkler system  dry pipe sprinkler system  Halon  fire hoses

hand-held extinguisher

ABC  water  CO2  other \_\_\_\_\_

How often are your fire detection and suppression systems tested? \_\_\_\_\_

Does the fire detection and suppression system meet the needs of the collections?  yes  no

Are sprinkler heads and nozzles located so that they don't pose a threat to collections objects?  yes  no

Does the museum have an open flame or heat generating device policy?  yes  no

Is the staff trained in the use of fire extinguishers?  yes  no

Is there an emergency lighting system?  yes  no

Are escape routes clearly marked?  yes  no

### Security and Safety

Within the last five years, has there been vandalism?  yes  no

If yes, against which?  collections  building  other \_\_\_\_\_

Is there a plan for preventing vandalism?  yes  no

Is there a plan for dealing with vandalism?  yes  no

Does the museum have a Bomb Threat Report and Response Plan?  yes  no

Does the museum have a Hostage Response Plan?  yes  no

Does the museum have any passive security measures for the collections?  yes  no

If yes, which?  deadbolts on storage doors  locked gates/cages  assigned keys

locked exhibition cases  sign in/out logs  don't know

Does the museum have any active security measures for the collections?  yes  no

If yes, which?  CC TV  perimeter alarms  live guards  keycard entry systems



**Museum Sites** (Photocopy this section and complete for each museum site.)

Site area       <1 acre       1.1 acre – 5 acres       5.1 acres - 10 acres       >10.1 acres

Location type       urban       suburban       rural

Has a Historic Landscape Report been completed?     yes     no

Is the site a National Historic Landmark?     yes     no

Indicate items that have required maintenance or repair by either in-house employees or contractors during the last three to five years:

Site	Employees		Contractors		n/a
	maintenance	repair	maintenance	repair	
lawns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parking lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
railings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yard drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
areaways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate who performs the following activities on the site:

Site	Employees	Contractors	n/a
snow removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trash removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
leaf removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Structures** (Photocopy pages 14-20 of this section and complete for each structure, including storage areas.)

**Note:** If the facility consists of additions that function independently or in a significantly different manner from the primary structure, or if the construction, use, or climate control systems are different, complete the following section for each addition. A historic structures assessor will be assigned to structures more than 50 years old.

Name of structure \_\_\_\_\_

Owner \_\_\_\_\_

Original use of structure \_\_\_\_\_

Current use of structure \_\_\_\_\_

Address (if different from museum address) \_\_\_\_\_

Size of structure       < 10,000 sq. ft.                       50,001 sq. ft. - 100,000 sq. ft.  
                                  10,001 sq. ft. - 25,000 sq. ft.       >100,000 sq. ft.  
                                  25,001 sq. ft. - 50,000 sq. ft.

Type of structure       modern building built as a museum  
                                  older building built as a museum  
                                  older or historic structure not originally designed as a museum  
                                  building shared with other non-museum activities  
                                  other \_\_\_\_\_

Has the museum ever engaged a consultant to survey all or part of the building?    yes    no  
If yes, elaborate briefly \_\_\_\_\_

Has a Historic Structures Report been completed?    yes    no  
If yes, date \_\_\_\_\_

Is the building listed on the National Register of Historic Places?    yes    no

Is the building a National Historic Landmark?    yes    no

Is any other historic documentation for the building available?    yes    no  
If yes, list and indicate where these documents are available \_\_\_\_\_

Building statistics      Approximate area of original construction \_\_\_\_\_sq. ft.  
                                 Number of stories \_\_\_\_\_  
                                 Footprint (ground area occupied by a building) \_\_\_\_\_sq. ft.

Construction date       1600s       1800–1850       1876–1900       1926-1956  
                                  1700s       1851–1875       1901–1925       other \_\_\_\_\_

If addition(s), construction dates       1600s       1800–1850       1876–1900       1926-1956  
                                  1700s       1851–1875       1901–1925       other \_\_\_\_\_

## Approximate area of each addition

year \_\_\_\_\_ sq. ft. \_\_\_\_\_ year \_\_\_\_\_ sq. ft. \_\_\_\_\_

year \_\_\_\_\_ sq. ft. \_\_\_\_\_ year \_\_\_\_\_ sq. ft. \_\_\_\_\_

## Approximate square foot area of functions

exhibitions \_\_\_\_\_ sq. ft.  n/aoffices \_\_\_\_\_ sq. ft.  n/acollections storage \_\_\_\_\_ sq. ft.  n/aexhibition/collection preparation \_\_\_\_\_ sq. ft.  n/aeducation functions \_\_\_\_\_ sq. ft.  n/acorridors and stairs \_\_\_\_\_ sq. ft.  n/abuilding services \_\_\_\_\_ sq. ft.  n/afood preparation and consumption \_\_\_\_\_ sq. ft.  n/aother \_\_\_\_\_ sq. ft.  n/a**total usable floor space \_\_\_\_\_ sq. ft.**Construction type (*Check all that apply.*)exterior walls  wood  brick  stone  metal  other \_\_\_\_\_basement walls  wood  brick  stone  plaster  other \_\_\_\_\_  n/afinished walls  wood  glass  plaster  dry wall  other \_\_\_\_\_basement floor  earth  brick  wood  concrete  n/amain floor  steel  wood  concrete  other \_\_\_\_\_other floor  steel  wood  concrete  other \_\_\_\_\_  n/aattic floor  steel  wood  concrete  other \_\_\_\_\_  n/aroof covering  wood  slate  tile  metal  tar  other \_\_\_\_\_roof rafters  wood  steel  flat roof  sloping roofwindow sash  wood  metal  casement  double hung

Indicate items that have required maintenance or repair by either in-house employees or contractors during the last three to five years:

Exterior Building	Employees		Contractors		n/a
	maintenance	repair	maintenance	repair	
windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gutter, downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
water hydrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roofs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chimneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
skylights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
masonry cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interior Building</b>					
water damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
termite damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plaster cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fireplaces and flues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electrical system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lighting fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plumbing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are employees who perform building maintenance and/or repairs aware of historic preservation standards?

- yes  no  don't know

Do employees apply historic structure preservation standards when making repairs or doing maintenance on the building?

- yes  In some but not all cases  no  don't know

Do contractors apply historic structure preservation standards when making repairs or doing maintenance on the building?

- yes  In some but not all cases  no  don't know

Was insulation installed during the past three to five years?  yes  no

Indicate if there is a history of recurring problems in the building. (*Check all that apply.*)

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> basement flooding            | <input type="checkbox"/> wall condensation | <input type="checkbox"/> electrical          | <input type="checkbox"/> wet basement |
| <input type="checkbox"/> window/plumbing leaks        | <input type="checkbox"/> mildew            | <input type="checkbox"/> stained walls       | <input type="checkbox"/> blown fuses  |
| <input type="checkbox"/> window condensation          | <input type="checkbox"/> roof leaks        | <input type="checkbox"/> structural-exterior | <input type="checkbox"/> pests        |
| <input type="checkbox"/> cold water pipe condensation | <input type="checkbox"/> stained ceilings  | <input type="checkbox"/> structural-interior | <input type="checkbox"/> other _____  |

Are special events permitted anywhere in the building?  yes  no

If yes, where? \_\_\_\_\_

Does the structure have any special facilities?  yes  no (*If yes, check all that apply.*)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> aquaria and ponds         | <input type="checkbox"/> photographic laboratories | <input type="checkbox"/> insect zoo                             |
| <input type="checkbox"/> conservation laboratories | <input type="checkbox"/> preparation laboratories  | <input type="checkbox"/> live animal facilities                 |
| <input type="checkbox"/> dermestid chamber         | <input type="checkbox"/> fumigation chamber        | <input type="checkbox"/> receiving/packing area for collections |
| <input type="checkbox"/> other _____               |  |   |

### Climate Control and Environment

In what areas of the building are environmental conditions monitored?

- |   |   |
|---|---|
| <input type="checkbox"/> all areas with collections (exhibits, storage, etc.) | <input type="checkbox"/> some areas with collections, but not all |
| <input type="checkbox"/> no areas   | <input type="checkbox"/> don't know                               |

Who is responsible for monitoring environmental conditions? \_\_\_\_\_

What type of environmental monitoring equipment do you have? (*Check all that apply.*)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> sling psychrometer            | <input type="checkbox"/> thermometers       | <input type="checkbox"/> hygrometers  |
| <input type="checkbox"/> recording hygrothermographs   | <input type="checkbox"/> thermo-hygrometers | <input type="checkbox"/> data loggers |
| <input type="checkbox"/> battery operated psychrometer | <input type="checkbox"/> none               | <input type="checkbox"/> other _____  |

Is monitoring equipment calibrated on a regular basis?  yes  no  don't know  n/a

Does the structure have a central heating, ventilating, and air conditioning (HVAC) system?  yes  no

***If yes, answer questions below; if no, answer questions for structures without HVAC on the next page.***

*For structures with central HVAC*

Is the entire building included in the central HVAC system?  yes  no

If no, specify areas not included \_\_\_\_\_

Are there separate temperature zones within the centralized system?  yes  no

If yes, can temperature in those zones be adjusted by individual users?  yes  no

Are there separate humidity zones within the centralized system?  yes  no

Do you think the system is working properly?  yes  no

Do you use supplemental environmental control equipment in areas covered by the system?  yes  no

If yes, check all you use:  fan  portable dehumidifier  portable heater  
 heater  window air conditioner  other \_\_\_\_\_

Do you open doors and/or windows to control temperature and provide ventilation?  yes  no

Do you lower the HVAC levels each evening?  yes  no

*For structures without a central HVAC system*

Are the following centralized? heat  yes  no  
 cooling  yes  no

Do you use local climate control equipment?  yes  no

If yes, check all you use:

<input type="checkbox"/> fan	<input type="checkbox"/> portable heater, if so what kind?
<input type="checkbox"/> window air conditioner	<input type="checkbox"/> electric
<input type="checkbox"/> portable humidifier	<input type="checkbox"/> kerosene
<input type="checkbox"/> portable dehumidifier	<input type="checkbox"/> quartz
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

Do you open doors and/or windows to control temperature and provide ventilation?  yes  no

**Pollutants and Particulates**

If your building has a central HVAC system, is the air filtered for

dust	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
gaseous pollutants	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
none	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know

If there is no central HVAC system or if the air is not filtered for dust and gaseous pollutants, do you take any precautions to protect your collections against these problems?  yes  no

If yes, how? \_\_\_\_\_

Is smoking allowed in the building?  yes  no

If yes, where? \_\_\_\_\_

**Illumination**

Which of the following illuminate exhibition and storage areas? (*Check all that apply.*)

	Exhibition	UV filtration	Storage	UV filtration	n/a
natural daylight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fluorescent light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
incandescent light	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
tungsten halogen	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
light-emitting diode (LED)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

In what areas of the building are light levels monitored?

- all areas with collections (exhibits, storage, etc.)     some areas with collections, but not all  
 no areas     don't know

Who is responsible for monitoring? \_\_\_\_\_

What light monitoring equipment do you use? (*Check all that apply.*)

- footcandle or lux meter     photo light meter     surface temperature thermometer  
 ultraviolet (UV meter)     other \_\_\_\_\_

When are the lights turned on in the exhibition areas? (*Check all that apply.*)

- during hours museum is open     24 hours a day  
 only when visitors are present     only when people are present  
 other \_\_\_\_\_

Are light levels adjusted in your galleries for the visually impaired?     yes     no

Is photography permitted in exhibition areas?     yes     no

If yes, indicate what type of photography is permitted?

- flash photography     non-flash photography  
 floodlight illuminated photography     film or video recording

### Pest Control

Has there ever been a pest problem in your museum?     yes     no

If yes, indicate which pests have been a problem

	insects	fungi (mold)	rodents	birds	bats	other _____
exhibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
building structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your museum have a pest management (prevention and control) program?     yes     no

Are collection areas routinely inspected for pest evidence or activity?     yes     no

Are the collection areas routinely treated with a pesticide?     yes     no

If yes, what kind of pesticide? \_\_\_\_\_

Are collections materials routinely treated with a pesticide?     yes     no

If yes, what kind of pesticide? \_\_\_\_\_

Are live flowers or plants permitted in the building?     yes     no

If yes, where? \_\_\_\_\_

Is food prepared or consumed in the building?  yes  no

If yes, where? \_\_\_\_\_

**Energy Sources**

What energy sources are used in the building(s)? (*Check all that apply.*)

- oil
- propane
- electric
- geothermal
- natural gas
- wood (chips, pellets)
- solar
- wind
- other \_\_\_\_\_

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## Supplement for Arboreta and Botanical Gardens

*Note: Read the instructions at the front of the Site Questionnaire and complete this supplement if applicable. If you wish, attach a written description of your institution and its collections.*

### Sites and Structures

What is the acreage of the site(s)? \_\_\_\_\_

Briefly describe the site(s) \_\_\_\_\_

Who owns the site(s)? \_\_\_\_\_

If not the museum, explain the arrangement for the property's management  
(e.g., a legally binding long-term lease).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the percentage of the land used for

managed collections \_\_\_\_\_ %

natural areas \_\_\_\_\_ %

other collection-related areas not open to the public \_\_\_\_\_ %

Please explain \_\_\_\_\_

visitor services (including buildings & parking lots) \_\_\_\_\_ %

other \_\_\_\_\_ %

What is the total percentage of the land that is not open to the public? \_\_\_\_\_ %

Number of buildings on site \_\_\_\_\_

Number of buildings on site for

collections storage \_\_\_\_\_ maintenance \_\_\_\_\_

herbarium specimen storage \_\_\_\_\_ visitor services \_\_\_\_\_

exhibition (including display conservatories) \_\_\_\_\_ library \_\_\_\_\_

labs \_\_\_\_\_ lath or shade structures \_\_\_\_\_

propagation facilities \_\_\_\_\_ greenhouses \_\_\_\_\_

other \_\_\_\_\_ **total** \_\_\_\_\_

**Climate Control and Environment**

*Greenhouse Information*

Environment  single zone  multiple zones      number of zones \_\_\_\_\_  
 number of independently controlled zones \_\_\_\_\_

Ventilation     vents             fans             screens       other \_\_\_\_\_

Does the greenhouse have low and high temperature alarms?  yes  no

How often is the system tested? \_\_\_\_\_

Who is alerted to the alarms after hours? \_\_\_\_\_

Who is responsible for the system's upkeep? \_\_\_\_\_

Does the greenhouse have a backup heating and generating capacity?  yes  no

What percentage of the outdoor collections is under irrigation? \_\_\_\_\_ %

**Collections and Collection Policies**

Does your institution have a written collections policy for living collections?

yes  in development     no  don't know

If yes, who has responsibility for the following activities? (*Give title of staff member.*)

develops \_\_\_\_\_

implements \_\_\_\_\_

has authority to modify \_\_\_\_\_

How is the application of the policy monitored? \_\_\_\_\_

Does the collection policy specify who is ultimately responsible for the well-being of the living collections?

yes  no    If yes, name and title \_\_\_\_\_

How many different plant species does the institution maintain? \_\_\_\_\_

What is the size and composition of the institution's collections? (*check one box for each line*)

	None	1-20	21-100	101-500	501-1,000	1,001-5,000	5,001-10,000	10,000+
woody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
non-woody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hardy at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not hardy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
annual/seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many herbarium specimens does the institution maintain? \_\_\_\_\_

Indicate the percentage of the permanent living collection that is      accessioned      \_\_\_\_\_%

cataloged      \_\_\_\_\_%

inventoried      \_\_\_\_\_%

Do you have a library or archive?  yes  no

If yes, how many linear feet of materials are in the library? \_\_\_\_\_

Perceived threats (*Check all that apply.*)

- invasive plants                       overuse of trails                       erosion                                       diseases
- air pollution                               urban sprawl                               severe weather/storms                       vandalism
- severe animal browse                       insects                                       other \_\_\_\_\_

## Supplement for Zoos and Aquariums

*Note: Read the instructions at the front of the Site Questionnaire and complete this supplement if applicable. If you wish, attach a written description of your institution and its collections. **Only non-AZA accredited institutions will have living collections assessed.***

### General Information

Is the institution accredited by the Association of Zoos and Aquariums?  yes  no

If yes, date \_\_\_\_\_

### Sites and Structures

What is the acreage of the grounds? \_\_\_\_\_

Who owns the grounds? \_\_\_\_\_

Number of buildings on site for

curatorial/collections storage	_____	exhibits/habitats	_____
library	_____	animal housing	_____
visitor services	_____	maintenance	_____
other	_____	<b>total</b>	_____

### Staffing

Does the institution employ a full-time veterinarian?  yes  no

If not, how often does the part-time veterinarian visit? \_\_\_\_\_

Number of full time animal care specialists, including curatorial staff \_\_\_\_\_

Number of part time animal care specialists, including curatorial staff \_\_\_\_\_

### Collections and Collection Policies

How many animals does the institution own? \_\_\_\_\_

How many different species does the institution own? \_\_\_\_\_

What types of and how many dangerous and venomous animals does the institution own?  
(Add extra pages if necessary.)

animal _____	number _____
animal _____	number _____
animal _____	number _____
animal _____	number _____
animal _____	number _____

*Supplement for Zoos and Aquariums*

Does your institution have a written collections management policy for the living collections?

- yes       in development       no       don't know

If yes, who has responsibility for the following activities? (*Give title of staff member.*)

develops \_\_\_\_\_  
 implements \_\_\_\_\_  
 has authority to modify \_\_\_\_\_

Does the collection management policy specify who is primarily responsible for the well-being of the living collections?  yes  no

If yes, give title of staff member \_\_\_\_\_

How does the institution maintain the animal records? \_\_\_\_\_

Does the institution have a policy of disposition and acquisition of surplus animals?  yes  no

What is the size and composition of the institution's living collections? (*Check one box for each line.*)

*The listing below is from the Association of Zoos and Aquariums (AZA) Taxon Advisory Groups.*

	None	1-20	21-100	101-500	501-1,000	1,001-5,000	5,001-10,000	10,001+
<i>Birds</i>								
Anseriformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charadriiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ciconiiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columbiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coraciiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galliformes/Tinamiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gruiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passerines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penguins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelecaniformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piciformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raptors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turacos, Cuckoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fish</i>								
Freshwater Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marine Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Invertebrates</i>								
Aquatic Invertebrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrestrial Invertebrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None	1-20	21-100	101-500	501-1,000	1,001-5,000	5,001-10,000	10,001+
<i>Mammals</i>								
Antelope and Giraffe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffalo, Bison, Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canids, Hyenids, Aardwolves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elephants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marine Mammals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marsupials, Monotremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New World Primates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old World Monkeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pangolin, Aardvark, Xenarthra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigs, Peccaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosimians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinoceros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodents, Insectivores, Lagomorphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep, Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Carnivores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tapirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reptiles and Amphibians</i>								
Amphibians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chelonians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crocodilians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lizards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)								
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Exhibits

Indicate the number and type of live exhibits and the associated life support system equipment.

### Type of live exhibits

### Life support system

#### *Terrestrial*

\_\_\_ tundra

\_\_\_\_\_

\_\_\_ taiga

\_\_\_\_\_

\_\_\_ desert or dune

\_\_\_\_\_

\_\_\_ savanna/grassland

\_\_\_\_\_

\_\_\_ chaparral

\_\_\_\_\_

\_\_\_ forest

\_\_\_\_\_

\_\_\_ rainforest

\_\_\_\_\_

\_\_\_ scrub forest

\_\_\_\_\_

\_\_\_ mountains

\_\_\_\_\_

\_\_\_ icecap

\_\_\_\_\_

#### *Aquatic*

\_\_\_ pelagic

\_\_\_\_\_

\_\_\_ reef

\_\_\_\_\_

\_\_\_ lakes and ponds

\_\_\_\_\_

\_\_\_ rivers and streams

\_\_\_\_\_

\_\_\_ coastal

\_\_\_\_\_

\_\_\_ brackish water

\_\_\_\_\_

#### *Wetlands*

\_\_\_ marsh

\_\_\_\_\_

\_\_\_ swamp

\_\_\_\_\_

#### *Other*

\_\_\_ urban

\_\_\_\_\_

\_\_\_ suburban

\_\_\_\_\_

\_\_\_ agricultural

\_\_\_\_\_

\_\_\_ riparian

\_\_\_\_\_

\_\_\_ estuarine

\_\_\_\_\_

\_\_\_ intertidal or littoral

\_\_\_\_\_

Indicate the number and type of quarantine and off-exhibit isolation buildings/cages/tanks and the associated life support system equipment.

Number	Type	Life support system
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there facilities for crating and transporting animals?  yes  no

**Emergency Preparedness**

Does the institution have an emergency plan to protect the living collections?  yes  no

Does the institution have an emergency policy for injury by an animal?  yes  no

Does the institution have an emergency procedure for injury by a venomous animal?  yes  no

Does the institution have a written procedure in the event of animal escape?  yes  no

Does the institution have a Risk Management or Safety Audit Plan?  yes  no

## Supplement for ReCAP Participants

*Note: Read the instructions at the front of the Site Questionnaire and complete this supplement if applicable. You may use your ReCAP supplement from the CAP application in place of this page.*

Year Received CAP \_\_\_\_\_

**Check yes or no in answer to the questions below.**

- Yes, the museum has a copy of the previous CAP report(s) and has read them recently.
- No, the museum does not have a copy of the previous CAP report(s). (If you do not have a copy of your report(s), please contact Heritage Preservation at [cap@heritagepreservation.org](mailto:cap@heritagepreservation.org).)

- Yes, I understand that ReCAP will entail a two-day general assessment of all collections and sites of my museum.\*

Describe what collections care efforts your museum has accomplished since your previous CAP assessment (attach additional pages if needed). If these efforts were funded by grants or donations, please list the name and source of the grant and/or the source of the donation. Detail which recommendations from your original report(s) executive summaries have been implemented.

Describe your museum's need and goals for a new assessment (attach additional pages if needed). If your museum is still working on recommendations from the original report, explain why and how the ReCAP assessment will help you meet those goals.

\* Museums with collections and sites that cannot be completely assessed within two days are ineligible for ReCAP and should apply for a grant through the IMLS Conservation Project Support program. Museums that wish to have a detailed survey of a portion of their collections should also consider Conservation Project Support. Information is available at <http://www.imls.gov> or by contacting the Office of Museum Services at 202-653-4636.